

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Orleans Regional Physician Hospital Organization Inc PAC

Full Name (Last, First, Middle Initial)

A. Greg Ruppert

Mailing Address 97 Marie Dr

City State Zip Code
 Gretna LA 70053

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Peoples Health Network

Occupation
 AVP - Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 29 2012

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period

175.00

Individual Contribution

Full Name (Last, First, Middle Initial)

B. Carol Solomon

Mailing Address 1750 St Charles Ave
 Apt 316

City State Zip Code
 New Orleans LA 70130

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Peoples Health Network

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 29 2012

Transaction ID : SA11AI.4344

Amount of Each Receipt this Period

350.00

Individual Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►

3525.00